

FORM

D-1

STATEMENT OF ORGANIZATION

For Office Use Only

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Manual LLINOIS	<u> </u>		4110
Full name and complete maili	ing address of Political Committee:		
Citizens For Karina Villa P. O. Box 457 West Chicago, IL 60186			
Email Address: kathleen.e.ı	POLITICAL COMMITTEE IDENTIFICATION NO:		
]	Check here if Address Change		Candidate 33922
1. DATE COMMITTEE	June 12, 2017	2. AMOUNT OF FUNDS A EXPENDITURES AS OF 0 \$4,763.28	VAILABLE FOR CAMPAIGN CREATION DATE:
3. NEW COMMITTEE	REACTIVATING	AMENDMENT:	(MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.)
	ution limits and reporting requirements a single at different elections must designate an electrons		e supporting a candidate
•	ntributions or coordinated expenditures		
A - THIS COMMITT	E'S AREA OF ACTIVITY, SCOPE AITE WILL PRIMARILY OPERATE IN not applicable if operating statewide or support	THE FOLLOWING COUN	
	RTY AFFILIATION : Democration Democratic Democration Democration Democratic Democration Democration Democratic Democrat		
6. PURPOSE(S) OF THE F			
το Support the Can	didacy of Karina Villa		
7. CANDIDATE(S) THE CO	OMMITTEE IS SUPPORTING OR OP	POSING.	
NAME AND ADDRESS	SUPPORT/OPPOSE	OFFICE	PARTY AFFILIATION
Karina Villa 423 E. National Street West Chicago, IL, 601		State Representative	Democratic

POLITICAL NAME OF POLITICAL COMMITTEE COMMITTEE Citizens For Karina Villa **IDENTIFICATION NO:** Candidate 33922 8. REQUIRED COMMITTEE OFFICERS **POSITION** MAILING ADDRESS, DAYTIME PHONE NUMBER, NAME AND EMAIL ADDRESS Chairperson Karina Villa 423 E. National Street West Chicago, IL 60185 630-885-0585 karina@karinavilla.com Treasurer Kathleen Ressler 428 Sycamore Ln. North Aurora, IL 60542 630-926-0814 kathleen.e.ressler@gmail.com 9. POSITION, NAME, & MAILING ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS. NAME POSITION MAILING ADDRESS. DAYTIME PHONE NUMBER. AND EMAIL ADDRESS Treasurer Dave Barclay 28W144 Garys Mill Road Winfield, IL 60190 6304402841 Kathleen Ressler Treasurer 428 Sycamore Ln. North Aurora, IL 60542 630-926-0814 10. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF THE COMMITTEE FUNDS. MAILING ADDRESS AND PHONE NUMBER NAME FNBC Bank andTrust 600 East Washington Street West Chicago IL 60185 630-231-1800 11. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE **COMMITTEE:** VERIFICATION: BALLOT INITIATIVE COMMITTEES ONLY

I DECLARE THAT THIS <u>BALLOT INITIATIVE COMMITTEE</u> IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY, ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON

DATE

VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEES ONLY

I DECLARE THAT (i) THIS <u>INDEPENDENT EXPENDITURE COMMITTEE</u> IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THE STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN

NAME OF POLITICAL COMMITTEE Citizens For Karina Villa

POLITICAL COMMITTEE **IDENTIFICATION NO:**

Candidate 33922

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIRPERSON

DATE

DATE

VERIFICATION: ALL POLITICAL COMMITTEES

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE Kathleen E. Ressler Kathleen

5/25/2019

THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5000, THIS FORM IS IN COMPILIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

ALL POLITICAL COMMITTEES RETRN TO:

STATE BOARD OF ELECTIONS 2329 S. MACARTHUR BLVD SPRINGFIELD IL 62704-4503 fax: 217-557-5630

STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTER 100 W. RANDOLPH ST, STE 14-100 CHICAGO IL 60601-3232 fax: 312-814-6485

e-mail: D1@ELECTIONS.IL.GOV (D-1s ONLY)